

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4819). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known Application Number 10/779,674-Conf. #8543 Filing Date February 18, 2004 First Named Inventor Yi-Fang CHOU Examiner Name H. N. Nguyen Art Unit 2834 Attorney Docket No. 0941-0918P	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 17 - 22 = _____ x _____ = _____ Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)		
4 - 4 = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____	_____	_____	_____
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		Fee Paid (\$)	_____
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00			

SUBMITTED BY			
Signature _____ Name (Print/Type) Paul C. Lewis	Registration No. 43,368 (Attorney/Agent)	Telephone (703) 205-8000	Date July 16, 2008